	in this information to identifyotor 1 John	y your case: Thomas K	eenan								
	otor 2 use, if filing)										
	ted States Bankruptcy Cou	rt for the: _E	ASTERN DISTRICT	OF PENNSYLVANIA							
Case number (lf known) 19-13220							Check if this is: ■ An amended filing □ A supplement showing postpetition chapter				
Of	fficial Form 106							as of the fo	ollowing date:		
S	chedule I: Your	- r Incom	ie				111117 257 1	• • •		12/15	
spoi atta	plying correct information use. If you are separated a ch a separate sheet to this tarm Describe Emplo	and your sp s form. On t	ouse is not filing wi	th you, do not include	e infor	matic	n about your spo	use. If mo	ore space is ne	eded,	
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fi	ling spouse			
	If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or		nployment status	■ Employed			■ Emplo	yed			
		1011		☐ Not employed			☐ Not er	mployed			
			ccupation	Podiatrist			Unemployed				
	self-employed work.		nployer's name	Carbon Foot and Ankle		9					
	Occupation may include student or homemaker, if it applies.		nployer's address	215 St. 1st Street Lehighton, PA 18					·		
		Н	ow long employed ti	nere?						_	
Par	t 2: Give Details Ab	out Monthly	Income								
	mate monthly income as ouse unless you are separate		ou file this form. If y	ou have nothing to rep	ort for	any l	ine, write \$0 in the	space. Inc	clude your non-f	iling	
	u or your non-filing spouse e space, attach a separate s			mbine the information	for all e	emplo	yers for that perso	n on the li	nes below. If yo	u need	
							For Debtor 1	\$2000000000000000000000000000000000000	otor 2 or ng spouse		
2.	List monthly gross wages, salary, and commissions (be deductions). If not paid monthly, calculate what the monthly				2.	\$	9,819.47	\$	0.00		
3	Estimate and list monthly overtime pay 3 +5					+\$	0.00		0.00		

9,819.47

\$

0.00

Calculate gross Income. Add line 2 + line 3.

Debi	otor 1 John Thomas Keenan		Case number (if known)	19-13220							
	Copy line 4 here	4.	For Debtor 1 \$ 9,819.47	For Debtor 2 or non-filing spouse \$ 0.00							
5.	List all payroll deductions:										
	 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 	5a. 5b. 5c. 5d. 5e. 5f.	\$ 1,951.95 \$ 0.00 \$ 0.00 \$ 0.00 \$ 433.33 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00							
	5g. Union dues 5h. Other deductions. Specify:	5g. 5h.+	\$ <u>0.00</u> \$ 0.00	\$ <u>0.00</u> + \$ <u>0.00</u>							
6	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.										
6.		6. -		\$							
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 7,434.19	\$							
8.	List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total										
	monthly net income.	8a.	\$0.00	\$0.00_							
	 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive 	8b. ent	\$0.00	\$0.00_							
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$ 0.00							
	8d. Unemployment compensation	8d.	\$ 0.00	\$							
	8e. Social Security	8e.	\$0.00	\$0.00_							
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	\$0.00_							
	8g. Pension or retirement income	8g.	\$ 0.00	\$ 0.00							
	8h. Other monthly income. Specify: Federal Tax Refund/Pro Rata	8h.+	\$ 350.00	+ \$							
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 350.00	\$0.00							
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	7,784.19 + \$	0.00 = \$ 7,784.19							
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.	Add the amount in the last column of line 10 to the amount in line 11. The rewards Write that amount on the Summary of Schedules and Statistical Summary of Cerapplies										
				Combined							
13.	Do you expect an increase or decrease within the year after you file this for ■ No. □ Yes. Explain:	rm?		monthly income							